

63-050420

STATE FILE NUMBER

AMENDED

Registration District No. _____

Primary Registration District No. _____

____Registrar's No.

STATE FILE NUMBER

FILED JAN 9 1967

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch		c. CITY OR TOWN St. Louis LOCUST	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Robert Koch Hospital		d. STREET ADDRESS 3127 Locust Alcazar Home	
3. NAME OF DECEASED (Type or print) First Louise Middle M. Last Weber		4. DATE OF DEATH Month 12 Day 19 Year 63	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-3-99
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---		10b. KIND OF BUSINESS OR INDUSTRY ---	9. AGE (last birthday) 64
11. BIRTHPLACE (City and state or country) Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles		13b. MOTHER'S MAIDEN NAME Elizabeth Frantz	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) ---	
16. SOCIAL SECURITY NO. ---		17. INFORMANT Address Robert Koch Hospital, Koch, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) - PART I. - DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 345X F DUE TO (c) ---		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ASHD, FX. Lt. Hip, Multiple Sacral Decubiti		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ---	
20c. TIME OF INJURY Hour --- a.m. --- p.m. Month, Day, Year 4-12-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---		20f. CITY, TOWN, OR LOCATION ---	
21. I attended the deceased from 4-12-63 to 12-19-63 and last saw her/him alive on 12-18-63 Death occurred at 2.15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Frank Cohen MD	
22b. ADDRESS Robert Koch Hospital		22c. DATE 12-19-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 21, 1963	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		23d. LOCATION (City, town, or county) (State) Lemay, Missouri	
24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries 7814 So. Broadway St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. 12-20-63	
26. REGISTRAR'S SIGNATURE John B. Murphy MD		27. EMERALD STATEMENT ON REVERSE SIDE	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.